

220427

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

Request for name change on Class C Non-  
Emergency Certificate

Jesus A. Gentile dba Tri-County Transport Services

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

## DOCKET

NUMBER: 2008 - 371 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Tony Gentile

Telephone: \* 843 220 8669

\* Address: 189 SCA Cotton Cir

Fax: \* 843 225 4630

\* Charleston SC 29412

Other: \_\_\_\_\_

Email: \* Tony A Gentile @ Yahoo.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input checked="" type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority               |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.)     |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit                  |
| <input type="checkbox"/> Application - Class C Non-Emergency  | <input type="checkbox"/> Request   |
| <input type="checkbox"/> Application - Class C Stretcher Van  | <input type="checkbox"/> Exhibit   |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Late-Filed Exhibit                                |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order                                    |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit                             |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                                |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Response  |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition                                |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Other: _____                                      |

RECEIVED  
NOV 23 2009

PSC SC  
DOCKETING DEPT.

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Print Form

Reset Form

## CLASS C AMENDMENT FORM

## File the original with:

Public Service Commission of South Carolina  
Docketing Department  
Motor Carrier Matters  
P.O. Box 11649  
Columbia, S.C. 29211  
(803) 896-5100  
FAX (803) 896-5199

## Mail or fax a copy to:

S.C. Office of Regulatory Staff  
Transportation Department  
1401 Main Street, Suite 900  
Columbia, S.C. 29201  
(803) 737-0578  
FAX (803) 737-0815

DATE:

11/15/05

I have the following Certificate:

☐ Class C Taxi # \_\_\_\_\_ ☐ Class C Charter # \_\_\_\_\_ ☐ Class C Charter Bus # \_\_\_\_\_  
☒ Class C Non-Emergency # 8060

Please consider this as my request for the following amendment(s) to my Certificate:

☐ Name ChangeFrom: Jesus A. Gentile

(Current Name)

DBA: Tri-County Transport Services

(Current DBA if applicable)

TO: Tri-County Transport Service, LLC

(New Name)

DBA: \_\_\_\_\_

(New DBA if applicable)

☐ Scope of Authority

From: \_\_\_\_\_

(Current Scope)

To: \_\_\_\_\_

(New Scope)

☐ Passenger Limit

From: \_\_\_\_\_

(Current Limit Number)

To: \_\_\_\_\_

(New Limit Number)

Tri-County Transport Service, LLC  
(Name & DBA if applicable)

\* Charleston SC 29412  
(City, State, Zip Code)

\* 843 270 8669  
(Telephone Number)

\* 189 Sea cotton Cir  
(Street Address)

\* [Signature]  
(Signature)

\* owner  
(Title)

Add mailing address  
if different from  
street  
address

# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:**

TRI-CONTY TRANSPORT SERVICE LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on October 30th, 2008, with a duration that is at will, has as of this date filed all reports due this office, including its most recent annual report as required by section 33-44-211, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed a certificate of cancellation as of the date hereof.

Given under my Hand and the Great Seal of the  
State of South Carolina this 30th day of October,  
2008

A handwritten signature of Mark Hammond in black ink, written over a horizontal line.

Mark Hammond, Secretary of State

CERTIFIED TO BE A TRUE AND CORRECT  
COPY AS TAKEN FROM AND COMPARED  
WITH THE ORIGINAL ON FILE IN THIS OFFICE

Oct 30 2008

*Mark Hammond*  
SECRETARY OF STATE OF SOUTH CAROLINA

**STATE OF SOUTH CAROLINA  
SECRETARY OF STATE**

**ARTICLES OF ORGANIZATION  
FOR A  
LIMITED LIABILITY COMPANY**

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to Sections 33-44-202 and 33-44-203 of the South Carolina Code of Laws, as amended.

1. The name of the limited liability company which complies with Section 33-44-105 of the 1976 South Carolina Code of Laws, as amended is TRI-CNTY TRANSPORT SERVICE LLC

2. The address of the initial designated office of the Limited Liability Company in South Carolina is

189 SEA COTTON CIR

Street Address

CHARLESTON SC

City

294128296

Zip Code

3. The initial agent for service of process of the Limited Liability Company is

JESUS A GENTILE

Name

Electronically filed on SCBOS.

Signature not required.

Signature

and the street address in South Carolina for this initial agent for service of process is

189 SEA COTTON CIR

Street Address

CHARLESTON SC

City

294128296

Zip Code

4. The name and address of each organizer is

a) JESUS A GENTILE

Name

189 SEA COTTON CIR

Street

CHARLESTON

City

SC US

State

294128296

Zip Code

10/28/2008 09:27 8437474448

STROM ALTMAN DODGE

PAGE 01/02

Page 1 of 1

**Signature Page Attachment to South Carolina Business One Stop  
(SCBOS) for the State of South Carolina Secretary of State**

This page must be completed, scanned, and submitted as an attachment when filing on SCBOS.

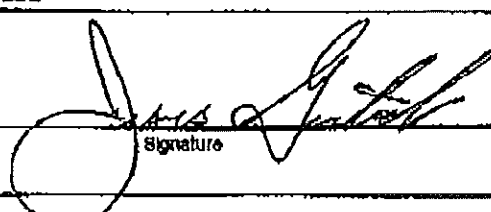
**Type of Filing:** ARTICLES OF ORGANIZATION (Limited Liability Company)**As Of:** October 30, 2008 11:27 AM**Name of Limited Liability Company:**TRI-CONTY TRANSPORT SERVICE LLC**Signature of Each Organizer:**JESUS A GENTILE

Name

Date

10/30/08

Signature



Fax or e-mail your completed forms to:

SC Secretary of State  
(803) 734-1610  
SCBOS@SOS.SC.GOV(Please e-mail signature forms in the following file  
formats only: Adobe .PDF, .GIF, or .JPEG  
extensions.)